



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No.: 10/033,055
Applicant: Ronald M. Burch, et al.
Filed: December 27, 2001
Art Unit: 1639
Examiner: Bennett M. Celsa
For: **Analgesic Combination of Oxycodone and Celecoxib**
Docket No.: 200.1079CON

Mail Stop: AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

April 18, 2005

RESPONSE

I. INTRODUCTORY COMMENTS

Sir:

In response to the Final Office Action of January 19, 2005, please reconsider the above-identified patent application based on the following remarks:

Listing of the Claims begins on page 2 of this document.

Remarks/Arguments begin on page 4 of this document.

FORM PTO-1083
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Docket No.: 200.1079CON
Date: April 18, 2005

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In re application of: Ronald M. BURCH, et al.
Serial No.: 10/033,055
Filed: December 27, 2001
For: **ANALGESIC COMBINATION OF OXYCODONE AND CELECOXIB**

Sir:

Transmitted herewith is a **Response to Office Action** in the above-identified application.

- [] Small entity status under 37 C.F.R. 1.9 and 1.27 has been previously established.
[] Applicants assert small entity status under 37 C.F.R. 1.9 and 1.27.
☒ No fee for additional claims is required.
[] A filing fee for additional claims calculated as shown below, is required:

FOR:	(Col. 1)	(Col. 2)		SMALL ENTITY		OR	LARGE ENTITY	
	REMAINING	HIGHEST		RATE	FEE		RATE	FEE
	AFTER	PREVIOUSLY	PRESENT					
	AMENDMENT	PAID FOR	EXTRA					
TOTAL CLAIMS	Minus	=	0	x \$	9	\$	x \$	18
INDEP. CLAIMS	Minus	=	0	x \$	42	\$	x \$	84
[] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+	\$140	\$	+	\$280

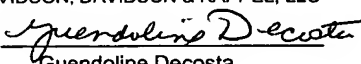
TOTAL: \$ OR TOTAL: \$

- * If the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Also transmitted herewith are:
☐ Petition for extension under 37 C.F.R. 1.136
☐ Other:
- ☐ Check(s) in the amount of **\$0.00** is/are attached to cover:
[] Filing fee for additional claims under 37 C.F.R. 1.16
[] Petition fee for extension under 37 C.F.R. 1.136
☐ Other:
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.
- ☒ Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.
- ☒ Any patent application processing fees under 37 C.F.R. 1.17.
- ☒ Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR 1.136.


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I hereby certify that this correspondence and/or documents referred to as attached therein and/or fee are being deposited with sufficient postage to the United States Postal Service as "first class mail" in an envelope addressed to "Commissioner for Patents, Alexandria, VA 22314-1450" on April 18, 2005.
DAVIDSON, DAVIDSON & KAPPEL, LLC

BY: 
Guendoline Decosta